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Date: Tuesday, 20 January 2015

Time: 11.00 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

Contact: Karen Nixon, Committee Officer Tel: 01743 252724 Email: <u>karen.nixon@shropshire.gov.uk</u>

#### HEALTH AND WELLBEING BOARD

#### **TO FOLLOW REPORT (S)**

9 Health and Wellbeing Programme Development (Pages 1 - 16) A presentation will be made.

Contact Penny Bason, Health and Wellbeing Co-ordinator, Tel 01743 253978.



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# Health and Wellbeing Programme Development : JSNA & Strategy Refresh, Communication and Engagement Strategy

Penny Bason, Health and Wellbeing Coordinator Jane Randall-Smith, Chief Officer Shropshire Healthwatch



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## Health and Wellbeing Programme Development

Development Area	Lead	Responsible Group
JSNA Refresh – Draft refresh for March 2015	Emma Sandbach, Public Health Specialist	Health and Wellbeing Delivery Group
HWB Strategy Refresh	Penny Bason, Health and Wellbeing Coordinator	Health and Wellbeing Delivery Group
HVB Terms of Reference Update - to include membership, governance and reporting	Penny Bason, Sam Tilley, & Kerrie Allward	Health and Wellbeing Delivery Group
HWB Communication and Engagement	Jane Randall- Smith/ Bharti Patel-Smith/ Penny Bason	Communication and Engagement T&F Group
HWB Peer Challenge – week of 19 <sup>th</sup> January	Rod Thomson	Health and Wellbeing Delivery Group

## Programme Development Timetable

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ogramme	December/ January	February	March	April/ May	June
ategy <sup>:</sup> resh <sup>-</sup> 0	Stakeholder Discussions	Wider Stakeholder Events/ Questionnaire	Wider Stakeholder Event/ Draft Strategy	Final Strategy	Final Action Plan
mmఢ్లోication న <sup>య</sup> gagement ategy	Key Stakeholder Engagement Event and HWBB Input	Draft Strategy for HWB Delivery Group wider consultation (6 weeks)	Draft Strategy to HWB Delivery Group and HWB Board	Final Strategy May	
vernance	Agreement of Task and Finish Group	T& F group to meet to set out considerations	Engage with key stakeholders	T&F group to meet to discuss final draft governance	Final proposed Governance to HWBB

# Shropshire Strategic Context

- CCG 5 Year Plan Priorities Workforce, Access (care at the right time for rural and urban service users), Care at home, Quality, Engagement
- Shropshire Council Business Plan Priorities Growing (thriving environments), Protecting (keeping people from harm), Helping (supporting people to help themselves)
- Better Care Fund Priority Themes Prevention, Early Intervention, Supporting People in Crisis, Supporting People to Live Independently for Longer
- Future Fit System Principles Home is normal, Empowerment (patients, clinicians, communities), Sustainability (financial, workforce, services), New ways of working (integrated & partnership care), & IT
- Five Year Forward NHS England prevention (radical upgrade & hard hitting campaigns), greater patient care and choice, local leadership and meaningful flexibility, Multispecialty Community Providers, Primary Care Investment

# Strategy Refresh Engagement

We do not have a blank canvas - the JSNA and previous health economy engagement have provided the framework – but have we got it right?

- Health and wellbeing focus groups, workshops, Stakeholder Alliance
  - Call to Action/ Future Fit
- JSNA
  - The JSNA provides us data around key issues for Shropshire
  - Soon it will also include the qualitative information

# Shropshire Context - JSNA

## • JSNA –

- currently being refreshed (draft March 2015)
- More detailed information will support the key themes and it will include quantitative data (NHS, Shropshire Council, PH England), qualitative data
- Page (Healthwatch, Call to Action, Focus Groups etc), place plan information, evidence of
- best practice, and community assets (people and places)
- The JSNA will take an approach that considers the needs of
  - INDIVIDUALS
  - COMMUNITIES
  - SHROPSHIRE POPULATION
- The future of the JSNA includes the development of locality JSNAs based on the 18 Place Plan areas

# Shropshire Context - JSNA (continued)

Page 7

- Headlines likely to be similar with more underpinning details to support commissioning

   –
  - Lifestyle Risk Factors Substance misuse (including smoking, drinking, and drugs), Physical inactivity, Obesity amongst adults and children is increasing and having significant impact on the population's health;
  - Mental Health we have an ageing population with increasing diagnosis rates of dementia, the mental health of children and young people –self-harm needs further investigation;
  - Long Term Conditions as we have an ageing population we also have a population that has an increasing number of years with long term conditions; also those with a disability can be considered as having a long term condition that needs support

Health and Wellbeing Vision: everyone living in Shropshire is able to flourish and enjoy a sense of wellbeing; reach their potential; and be part of a supportive community

# n Fiere Years:

- ervices many are integrated, and there is clarity on how to access servi
- ndividuals are taking more responsibility for their own health
- Communities are helping and supporting each other and working closely ervices
- The population health inequalities are reducing, people's life prospects a mproving

# Key themes for the development of health and wellbeing programmes

- Holistic Person Centred Approaches developing approaches that consider the needs of individuals and communities as a whole.
- Accessibility ensuring that people can access support in a variety of Ways; taking into consideration health literacy (supporting themselves), digital inclusion, transport, rurality, availability and relevance of services (right service right time)
- Prevention further designing prevention into the system into community development, education, health and wellbeing services
- Resilient Communities communities support each other and are supported to improve health and wellbeing

# /B Strategy Refresh Framework – for discussion

aking cisions that oport	Prevention	Accessibility	Holistic - Person Centred - Approaches	Resilient Communities	Outcomes • Reducing Inequalities
lividuals ision making that powe <sup>ິສິ</sup> ຣ and portsີອັndividuals					<ul> <li>Increasing Healthy Life Expectancy</li> </ul>
<b>mmunities</b> ision making that powers imunities					<ul> <li>Improvir Healthy Lifestyle</li> </ul>
<b>pulation</b> BB leads and Jences policy isions					<ul> <li>Improvir</li> <li>Mental</li> <li>Health</li> </ul>

# What people have said so far...

## On the Vision

- Too unrealistic/ specific enough
- Would like it to be achievable and measurable

## On the themes

- Lack of understanding of what 'Resilient Communities' means
- Struggling to fit considerations and thoughts into the framework
- Broad agreement with Prevention, Accessibility, Holistic Person Centred Approach, and Community Development

### **General comments**

- Would like to understand better how it is relevant to individuals
- Would like the Board to use its power to better effect

## **Communication and Engagement**

#### Health and Social Care Act 2012 outlines duties regarding:

- Patient involvement shared decision making
- Public involvement national and local commissioning authorities
- Local Healthwatch

HWBB has a duty to involve local people, service providers, service users, VCS etc. in its work – including development of JSNA and HWBB strategy

#### Why involve?

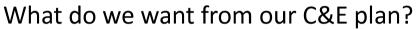
 Local people shaping services = better meet local need, improve experience and improve outcomes



## **Communication and Engagement**

What communications and engagement has been done by HWBB?

- Courtesy of Shropshire Together: website, newsletter, stakeholder alliance
- Press releases
- Workshops & events including for the Children's Trust



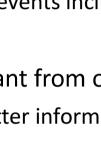
People are better informed = better access

Partners are better informed = know what each other is doing and room for collaboration

What needs to be developed? - An overarching C&E strategy

- Decide what the public needs to know about the HWBB
- Using the right tools for the right audiences
- Across organisations utilising and sharing the information we receive through engagement







## Developing Communication and Engagement

Communications and Engagement Task & Finish Group: •Healthwatch, Portfolio Holder, CCG, CSU, VCSA, Shropshire Council

Communications and Engagement Stakeholder Event – 11<sup>th</sup> December 2015

•Attendees from across the health and wellbeing economy including voluntary sector, providers and commissioners

Organisations presented on their current communication and engagement strategiesShared good practice

•Developed key principles

Agreed strategic principles for health and wellbeing communication and engagement across Shropshire

S Work together, share information, keep it simple



## Principles

#### **Good Practice**

 $\operatorname{q}$  Transparent

 $\mathbf{q}$  Consistent

 $\mathbf{q}$  Timely

q Accessible

q Specific & Targeted

#### Focus

- Prevention
- Raising profile of JSNA
- Building resilient communities and capacity
- Equalities

#### **Agreed Principles**

Co-produce communications & engagement where possible

Effective use of networks

Ensure accessibility and equality

Continuous engagement reflecting two way dialogue

Facilitate positive relationships with our employees and empower staff to be ambassadors

#### What's next?

Agree the draft strategy amongst working group Consult on draft strategy with wider Health and Wellbeing partners

# What people have said so far...

- The Public doesn't need to know about the HWBB
- Need to know where and how to access services
- Key service providers and voluntary organisations do need to know about the Board in order to pass on information and to ensure consistent messaging
- Language needs to be 'everyday' language
- Services need to know key business of the Board to inform their work programmes and reporting

